

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/719538

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52		2				/
3							53		2				/
4							54		1				/
5							55	1		1		/	
6							56		1				/
7							57	1		1		/	
8							58		1				/
9							59		1				/
10							60	1					/
11							61		1				/
12							62		1				/
13							63		1				/
14							64		1				/
15							65	1		1		/	
16							66	1		1		/	
17							67		1				/
18							68		1				/
19							69		2				/
20							70		1				/
21							71		2				/
22							72		1				/
23							73	1		1		/	
24							74		1				/
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	26		25			
TOTAL DEP.							TOTAL DEP.	56		44			
TOTAL CLAIMS							TOTAL CLAIMS	82		74			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENOMENTS